

**STATE OF UTAH
INSURANCE DEPARTMENT
STATE OFFICE BUILDING, ROOM 3110
SALT LAKE CITY, UT 84114-6901**

APPLICATION TO AMEND AGENCY LICENSE (NO REFUND)

. Adding a new line of authority to existing license is \$25.00. There is no charge for other options. The agency licensee shall, within 10 working days, notify the Commissioner of any change relative to the license. Please TYPE or PRINT legibly.

Type of amendment: ☐ adding designee(s) ☐ deleting designee(s)
☐ change in lines of authority ☐ change tax ID #
☐ name change
☐ other _____

1. Name of Agency _____

2. If name change, old name _____

3. If this is a name change for a non-resident agency, a current, home state letter of certification must be submitted.

4. FEIN # _____ 5. Utah License # _____ 6. State of Incorporation _____

7. Adding new Line of Authority (Non-residents must provide **current** Letter of Certification from home state)

☐ Life ☐ Accident & Health ☐ Property Casualty ☐ Variable Contract ☐ Surplus Lines ☐ Workers Compensation
☐ Credit Life & Disability ☐ Involuntary Unemployment ☐ Travel ☐ Motor Club ☐ Legal Expense ☐ Rental Car
☐ Escrow ☐ Marketing ☐ Search

8. Have any of the persons named on this application (a) had any professional, vocational or business license denied, suspended, revoked or restricted by any public authority in this or any other state; (b) had such license subjected to a monetary fine by any authority; (c) withdrawn any application, surrendered such a license to avoid disciplinary action?

☐ YES ☐ NO

If the answer to the above question is 'Yes', you must attach a dated & signed explanation and provide copies of orders and all pertinent documents.

9. List individuals to be added to or deleted from agency license (attach additional sheets if necessary):

<u>ADD</u>	<u>DELETE</u>	<u>NAME</u>	<u>SOCIAL SECURITY NUMBER</u>
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<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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10. I hereby certify that I am an owner, partner, or officer of this named agency. That all the information in this application is complete and true to the best of my knowledge and belief. I acknowledge that any misrepresentation or misstatement of facts shall be cause for revocation of this license. By signing this application, I hereby authorize the Commissioner to make inquiry of any person regarding this application.

By _____	_____	_____	_____
Print Name	Signature	Title	Date

CHANGE OF ADDRESS

Name of Agency _____

Business Address				
Street	Suite #	City	State	Zip

Phone _____

Fax _____

E-Mail

Mailing Address			
Street or PO Box	City	State	Zip

Phone

Fax

E-Mail

Contact Name	Phone
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NOTE: If agency is moving to a new state, a current Letter of Certification from new home state is required.

List licensed individuals whose business and/or mailing address will be affected by agency address change. UDOI will make the change to the individual license as well. (Attach additional sheets if necessary).

NAME _____ **SOCIAL SECURITY NUMBER** _____

[illegible]